

RECEIVED IN OFFICE
 COURT OF HAMILTON
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 or and
 Reynolds

SEP 19 1967
HOLDS

ds. 17C1054

DIVISION _____

JURY DEMAND

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COMPLAINT

The Plaintiff, Vickie Reynolds, as conservator and next friend of David Andrew Reynolds (hereinafter "Plaintiff") hereby files this Complaint against the Defendant, Kindred Healthcare Services, Inc. d/b/a Kindred Hospital-Chattanooga, (hereinafter "Defendant"), and shows the Court the following:

1. Plaintiff Vickie Reynolds, conservator and next friend of David Andrew Reynolds, is a resident and citizen of Hamilton County, Chattanooga, Tennessee. David Reynolds is a citizen and resident of Hamilton County, Chattanooga, Tennessee, though he is currently in a care facility in the State of Georgia.

2. Defendant owns and operates nursing homes in the Hamilton County, Chattanooga, Tennessee area.

3. Defendant is a foreign corporation authorized to do business in the State of Tennessee. Its physical location is 709 Walnut Street, Chattanooga, Tennessee 37402, and its registered agent for service of process is CT Corporation System, 800 S. Gay St., Suite 2021, Knoxville, TN 37929-9710.

4. David Andrew Reynolds was a resident at the nursing home operated by the Defendant.

5. During David Andrew Reynolds's stay at the Defendant's nursing home, he incurred multiple deep tissue bed sores.

6. Defendant knew or should have known Plaintiff would incur these bed sores if not properly turned, adult diapers were not changed and/or if existing bed sores were not treated.

7. Defendant deviated from the standard of care.

8. The Defendant's deviation from the standard of care was discovered on September 19, 2016.

9. The negligence of the Defendant's employees is imputed to the Defendant under the doctrine of vicarious liability.

10. On July 10, 2017, notice was given to Defendant pursuant to *Tennessee Code Annotated* § 29-27-121(a) and *Tennessee Code Annotated* § 29-27-122(a). A copy of the notice, along with proof of mailing and receipt, are attached as Exhibit 1 to this Complaint.

11. Pursuant to *Tennessee Code Annotated* § 29-26-122, a Certificate of Good Faith has been filed with this Complaint.

WHEREFORE, Plaintiff prays as follows:

(1) That summons and process issue and be served in the time and manner prescribed by Tennessee law;

(2) That a jury of twelve be empaneled to hear this cause;

(3) That Plaintiff be awarded damages in the amount of \$500,000.00; and

(4) Any and all other general and equitable relief the Court may deem just.

Respectfully submitted,

WARREN & GRIFFIN, P.C.

BY: 

C. Mark Warren (BPR #013992)
Attorneys for Plaintiff
Suite 600, Dome Building
736 Georgia Avenue
Chattanooga, TN 37402
(423) 265-4878

IN THE CIRCUIT COURT OF HAMILTON COUNTY, TENNESSEE

Vickie Reynolds, as conservator
and next friend of David Andrew Reynolds,

Plaintiff,

vs.

Kindred Healthcare Services, Inc. d/b/a
Kindred Hospital-Chattanooga,

Defendant.

FILED IN OFFICE
2017 SEP 19 PM 3:29

BY

DIVISION

JURY DEMAND

COST BOND

The undersigned acknowledges and hereby binds the undersigned for the payment of all costs in this Court which may at any time be adjudged against Vickie Reynolds, as conservator and next friend of David Andrew Reynolds, the principal herein, in the event said principal shall not pay the same if so ordered by this Court.

WITNESS my hand this 19 day of September, 2016.

Respectfully submitted,

WARREN & GRIFFIN, P.C.

BY:

C. Mark Warren (BPR #013992)
Attorneys for Plaintiff
Suite 600, Dome Building
736 Georgia Avenue
Chattanooga, TN 37402
(423) 265-4878

IN THE CIRCUIT COURT OF HAMILTON COUNTY, TENNESSEE

Vickie Reynolds, as conservator and
next friend of David Andrew Reynolds,

Plaintiff,

vs.

Kindred Healthcare Services, Inc. d/b/a
Kindred Hospital-Chattanooga,

Defendant.

BY

No.

DIVISION

JURY DEMAND

CERTIFICATE OF GOOD FAITH

In accordance with *Tennessee Code Annotated* § 29-26-122, I hereby state the following:

Plaintiff's counsel has consulted with one or more experts who have provided and signed a written statement confirming that, upon information and belief, they are competent under *Tennessee Code Annotated* § 29-26-115 to express an opinion in this case and believe upon the available information from the documents and/or information available to the Plaintiff concerning the care and treatment of David Andrew Reynolds, there is a good faith basis to maintain the action consistent with the requirements of *Tennessee Code Annotated* § 29-26-115.

Plaintiff's counsel has never been found in violation of *Tennessee Code Annotated* § 29-26-122.

Respectfully submitted,

WARREN & GRIFFIN, P.C.

BY:

C. Mark Warren (BPR #013992)
Attorneys for Plaintiff
Suite 600, Dome Building
736 Georgia Avenue
Chattanooga, TN 37402
(423) 265-4878

CERTIFICATE OF SERVICE

The undersigned certifies that a true and correct copy of this pleading has been served upon the Defendant by the Sheriff's Department, along with the Complaint, on this the 19 day of Sept, 2016.

Kindred Healthcare Services, Inc.
d/b/a Kindred Hospital-Chattanooga
c/o CT Corporation System
800 S. Gay Street
Suite 2021
Knoxville, TN 37929-9710

WARREN & GRIFFIN, P.C.

BY: 

C. Mark Warren

AFFIDAVIT OF COMPLAINT WITH T.C.A. § 29-26-121

777 SEP 19 PM 3:23

1. My name is Thatcher Macauley Smith. I am over the age of 18 years and am competent to give this affidavit.
2. I am an employee of Warren & Griffin, P.C. Warren & Griffin, P.C. represents Mr. David Reynolds, through his conservator Vickie Reynolds, in regard to potential healthcare liability asserted against Kindred Healthcare Services, Inc. d/b/a Kindred Hospital-Chattanooga.
3. The notice of potential claim for health care liability pursuant to T.C.A. § 29-26-121 was prepared and mailed by me to Kindred Healthcare Services, Inc. d/b/a Kindred Hospital-Chattanooga.
4. Kindred Healthcare Services, Inc. d/b/a Kindred Hospital-Chattanooga is a business, so notice was mailed to both its current business address and to the address of its agent for service of process as required by T.C.A. § 29-26-121(a)(3)(B)(ii). The notice was addressed as shown in paragraph 5.
5. In compliance with T.C.A. § 29-26-121 (a)(3)(B) and (4), the attached notice was timely mailed on July 10, 2017 to:

Kindred Healthcare Services, Inc.
d/b/a Kindred Hospital-Chattanooga
709 Walnut St
Chattanooga, TN 37402

Kindred Healthcare Services, Inc.
d/b/a Kindred Hospital-Chattanooga
c/o its registered agent for service of process
C T Corporation System
800 S. Gay St, Suite 2021
Knoxville, TN 37929-9710

See exhibits A and B, attached hereto, which include the certificates of mailing from the United States Postal Service.

6. The notice was sent to both addresses by certified mail with return receipts requested.

FURTHER AFFIANT SAITH NOT

Thatcher Macauley Smith
Thatcher Macauley Smith

SWORN TO AND SUBSCRIBED before me
this 10 day of July, 2017.

Sarah Hardegue
NOTARY PUBLIC
MY COMMISSION EXPIRES: 12/8/18

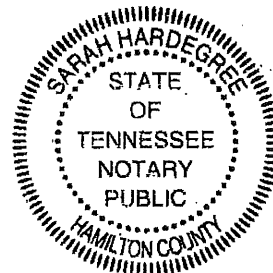


EXHIBIT “A”

C. MARK WARREN *
JOHN MARK GRIFFIN **
JOHN MCCOWN
STEPHEN B. FARROW
SCOTT WESSON
ZACHARY W. ENGLAND *
RYAN M. WOMACK
A.J. WALKER

*ALSO LICENSED IN GEORGIA
*ALSO LICENSED IN MISSISSIPPI
*ALSO LICENSED IN OHIO

WARREN & GRIFFIN, P.C.
ATTORNEYS AT LAW

736 GEORGIA AVENUE - SUITE 600
CHATTANOOGA, TN 37402
(423) 265-4878
FACSIMILE NUMBER (423) 265-4810
CMARK@WARRENANDGRIFFIN.COM

KIMBERLY MCDANIEL
SARAH MALONE
RADONNA GADDIS
KIM MUNDY
EVA ROMERO
BARBIE STEWART
KRISTIN REYNOLDS
WHITNEY SUTTON
AJ HANSARD

LEGAL ASSISTANTS

July 10, 2017

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Kindred Healthcare Services, Inc.
d/b/a Kindred Hospital-Chattanooga
709 Walnut St
Chattanooga, TN 37402

Kindred Healthcare Services, Inc.
d/b/a Kindred Hospital-Chattanooga
c/o its registered agent for service of process
C T Corporation System
800 S. Gay St, Suite 2021
Knoxville, TN 37929-9710

RE: *Notice of Potential Claim Under T.C.A. § 29-26-121 (a) and
T.C.A. § 29-26-122 (a)
Patient: David Andrew Reynolds
Date of Birth: 7/11/1977
Social: 412-29-1083
5555 Hixson Pike, Apt 601
Hixson, TN 37343*

Dear Sir or Madam:

Pursuant to *Tennessee Code Annotated § 29-26-121* and *§ 29-26-122* we are hereby giving you notice that we will be asserting a potential claim for health care liability regarding our client, David Andrew Reynolds.

As required by statute, please take notice of the following:

T.C.A. § 29-26-121 (a). This notice is being giving at least sixty (60) days prior to filing of a complaint based upon health care liability. The claim is being asserted by Vickie Reynolds, Wife and Conservator of David Andrew Reynolds.

T.C.A. § 29-26-121 (a)(2)(A). The full name of the patient is David Andrew Reynolds. Mr. Reynolds date of birth is 7/11/1977.

T.C.A. § 29-26-121 (a)(2)(B) This notice is authorized and sent by Vickie Reynolds, Wife and Conservator of David Andrew Reynolds. Vickie Reynolds address is 5555 Hixson Pike, Apt 601 Hixson, TN 37343.

As additional information, Mr. David Reynolds is currently confined to the Safehaven, a care facility located at 9558 US-27, Rock Spring, GA 30739.

T.C.A. § 29-26-121 (a)(2)(C) The name and address of the attorneys sending this notice are C. Mark Warren of Warren & Griffin, P.C. Our address is 736 Georgia Avenue, Suite 600, Chattanooga, TN 37402.

T.C.A. § 29-26-121 (a)(2)(D) Notice is being given to one health care provider, Kindred Healthcare Services, Inc. d/b/a Kindred Hospital-Chattanooga. Kindred Hospital-Chattanooga, 709 Walnut St, Chattanooga, TN 37402 and copied to its registered agent for service of process, CT Corporation, 800 S. Gay Street, Suite 2021, Knoxville, TN 37929-9710.

T.C.A. § 29-26-121 (a)(2)(E) A HIPAA compliant medical authorization is attached for the provider being given notice.

Sincerely,

WARREN & GRIFFIN, P.C.



C. Mark Warren

/jrm

Enclosures

HIPAA Compliant Authorization for Release of Information

1. I (the undersigned) authorize the following covered entities

Kindred Healthcare Services, Inc, d/b/a Kindred Hospital-
Chattanooga

Kindred Hospital - Chattanooga

& any other healthcare providers

To release information from the record(s) of:

Reynolds

David

Andrew

(Patient Last Name)

(First Name)

(Middle)

DOB: 07/11/1977

SSN: 412.29.1083

Covering the period(s) of treatment:

All periods

2. Information to be released:

☒ ALL RECORDS as listed below OR ☐ SELECTED RECORDS as listed below (Check all that apply)

- 1 Patient data cover sheet
- 2 Nurses' admitting notes
- 3 History and physical
- 4 Doctors' order sheets
- 5 Doctors' progress notes
- 6 Outpatient clinic records
- 7 Office notes
- 8 Visiting nurses records
- 9 Ambulance records
- 10 Nurses' medication records
- 11 Vital signs charts
- 12 Code blue Sheet/CPR Method
- 13 Nurses' notes
- 14 All incident reports
- 15 Pre-op check list
- 16 Surgical consent forms
- 17 Operative reports
- 18 Personal property lists
- 19 Paramedic reports
- 20 Pathology and independent pathology reports

- 21 Autopsy reports
- 22 Medical Examiner's reports
- 23 All Lab Reports (a) White count, differential, hemoglobin, SED rate; (b) Bacteriology, epidemiology, anaerobic, aerobic, acid fast, fungal; (c) Spinal fluid, blood gases; (d) Bleeding and clotting time; (e) Blood reactions, testis biopsy and cross match; (f) EMG, EEG, EKG; (g) Echo-ultrasound, doppler testing; (h) Blood volume, electrolytes, ni; (i) Fluid input and output; (j) Skin allergy testing; (k) Invasive hemodynamic CVP, PWP, arterial line pressure; (l) Respiratory function studies/spirometry; (m) Fetal monitor findings; (n) Other
- 24 Blood transfusion slips
- 25 Anesthesia record
- 26 X-ray reports
- 27 Consultation reports: (a) Neurology, (b) Psychiatry, (c) Internal Medicine, (d) Orthopedic, (e) Surgical, (f) Obstetric, (g) Pediatric, (h) Neurosurgical, (i) Nephrologist, (j) Other
- 28 Myelogram
- 29 Risk Managers Patient Safety Report
- 30 Scan, CAT, CT, ultrasound
- 31 Arteriograms, venograms, angiograms

- 32 Recovery room records
- 33 Discharge summaries
- 34 Discharge or transfer instructions or data
- 35 Nurses' OR record
- 36 Post-op instrument count record, sponges count record
- 37 Photographs
- 38 EP records
- 39 Labor and Delivery Room records
- 40 Pharmacy reports/Unit Case Control Sheet
- 41 Physical therapy sheet notes
- 42 Respiratory therapy sheet notes
- 43 Hospital bills, insurance forms, records of payment
- 44 x-ray films, including any and all radiographic studies
- 45 Record of operative procedure
- 46 Any other records, reports, memoranda, documents, correspondence, etc.
- 47 Other

3. Information is to be released to:

Warren & Griffin, P.C.
The Dome Building
Sixth Floor
736 Georgia Avenue

Chattanooga, Tennessee 37402-2048

OR

Company: _____

4. Purpose of disclosure

T.C.A. § 29-6-121 - Patient Request

5. I understand this consent may be revoked/reviewed in writing at any time. With the exception to the extent that disclosure of information has already occurred prior to the receipt of revocation by the above named provider. If written revocation is not received, authorization will be considered valid for a period of time not to exceed 365 days from the date of signing. To initiate revocation of this authorization direct all correspondence to the "Specific Requestor" above.

6. I understand that this consent is to include disclosure of: (PLEASE INITIAL):

☒ Alcohol and/or drug abuse record ☒ Psychiatric records ☒ Sexually transmitted disease information ☒ HIV/AIDS information

7. A photocopy of this authorization is to be considered as valid as the original.

8. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law.

9. The covered entity may not withhold/condition treatment, payment, enrollment or eligibility for benefits on obtaining the authorization or if patient refuses to sign this authorization.

10. Signer has the right to receive a copy of this authorization

SIGNATURE: Vickie L. Reynolds

Date: 7.10.17

Patient or personal/legal representative (Next-of-kin or legal guardian to sign only if patient is a minor, legally incompetent, or deceased)

PRINT NAME: Vickie L. Reynolds

Relationship to patient (if not patient): Conservator

Chancery Court for Hamilton County, Tennessee

IN RE: DAVID ANDREW REYNOLDS
S.S.# 419-29-1083

Docket No.: 17-G-027
PART 1

Letters of Conservatorship

Pursuant to T.C.A. § 34-1-129
DPRG 2013.06.23

To: VICKIE REYNOLDS, CONSERVATOR

Whereas, it appearing to this Court that David Andrew Reynolds (hereinafter referred to as THE WARD) has been declared to be a person with a disability and the Court being satisfied to your rights to the Conservatorship of the Person and Estate of THE WARD, and you having given bond and qualified according to law, and the Court having ordered that LETTERS OF CONSERVATORSHIP be issued to you pursuant to T.C.A. § 34-1-104; it is therefore

Ordered, the following rights of THE WARD are removed: (a) the right to make contracts including marriage, (b) the right to make health care decisions, (c) the right to hold a driver's license, and (d) the right to vote. The following rights of THE WARD are transferred to the CONSERVATOR to exercise: to consent or not to any training, medical and mental examinations and treatment and all end of life decisions such as entry of a "do not resuscitate" order, administration of psychotropic medication and other medications, or the application of any heroic measures or medical procedures intended solely to sustain life and withdrawal of artificially provided food, water, or other nourishment or fluids to consent to admission to or discharge from hospitalization, transfer to or discharge from any residential setting, group home, or other housing placements to authorize or not disclosures of medical, personal and financial information to enter into authorized, contractual relationships to receive or collect from or disburse to any source all monies through financial accounts, pensions, court judgments, insurance, real and personal property to open or close accounts in THE WARD's name alone or jointly held to have access to and control of, any safety deposit box in the Ward's name, wherever located to apply for and receive public benefits, Social Security, Veterans, Pension and Survivor benefits to prepare and sign income tax returns to dispose of personal property subject to judicial consent to sue, defend, compromise or settle civil actions to pay THE WARD's bills and protect and invest THE WARD's income and assets to execute, on behalf of THE WARD documents to carry out the authority vested above to do any other act of legal significance for the benefit of THE WARD. HEREIN FAIL NOT.

In witness whereof, I have issued these LETTERS on

this 28th day of March, 2017.

ROBIN L. MILLER, CLERK & MASTER

By Ann J. Rol
DEPUTY GUARDIAN CLERK

STATE OF TENNESSEE, COUNTY OF HAMILTON

I solemnly swear or affirm I will honestly and faithfully discharge the duties imposed on me by the Court as Conservator, including the timely filing of each inventory, accounting, annual report, and any other statements as required by law for the benefit of THE WARD and to spend and manage the assets of THE WARD only as approved by the Court.

Vickie Reynolds
AFFIANT

AFFIANT

Sworn to and subscribed before me this 28th day of March, 2017.

ROBIN L. MILLER, CLERK & MASTER

By Ann J. Rol
DEPUTY GUARDIAN CLERK

>>> Certificate <<<

I, CLERK & MASTER of this court, certify: i) this is a Court of Record; ii) the above is a true, full, and correct copy of the LETTERS OF CONSERVATORSHIP issued by this Court in this matter; and iii) these letters are still in full force and effect as of this date. Witness my hand and seal this 28th day of March, 2017.

ROBIN L. MILLER, CLERK & MASTER

By Ann J. Rol
DEPUTY GUARDIAN CLERK
CHATTANOOGA, TN 37402

CERTIFIED COPY OF LETTERS MUST HAVE RAISED COURT SEAL

EXHIBIT “B”

C. MARK WARREN *
JOHN MARK GRIFFIN **
JOHN MCCOWN
STEPHEN B. FARROW
SCOTT WESSON
ZACHARY W. ENGLAND *
RYAN M. WOMACK
A.J. WALKER

*ALSO LICENSED IN GEORGIA
**ALSO LICENSED IN MISSISSIPPI
*ALSO LICENSED IN OHIO

WARREN & GRIFFIN, P.C.
ATTORNEYS AT LAW

736 GEORGIA AVENUE - SUITE 600
CHATTANOOGA, TN 37402
(423) 265-4878
FACSIMILE NUMBER (423) 265-4810
CMARK@WARRENANDGRIFFIN.COM

KIMBERLY MCDANIEL
SARAH MALONE
RADONNA GADDIS
KIM MUNDY
EVA ROMERO
BARBIE STEWART
KRISTIN REYNOLDS
WHITNEY SUTTON
AJ HANSARD

LEGAL ASSISTANTS

July 10, 2017

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Kindred Healthcare Services, Inc.
d/b/a Kindred Hospital-Chattanooga
709 Walnut St
Chattanooga, TN 37402

Kindred Healthcare Services, Inc.
d/b/a Kindred Hospital-Chattanooga
c/o its registered agent for service of process
C T Corporation System
800 S. Gay St, Suite 2021
Knoxville, TN 37929-9710

RE: *Notice of Potential Claim Under T.C.A. § 29-26-121 (a) and
T.C.A. § 29-26-122 (a)
Patient: David Andrew Reynolds
Date of Birth: 7/11/1977
Social: 412-29-1083
5555 Hixson Pike, Apt 601
Hixson, TN 37343*

Dear Sir or Madam:

Pursuant to *Tennessee Code Annotated § 29-26-121* and *§ 29-26-122* we are hereby giving you notice that we will be asserting a potential claim for health care liability regarding our client, David Andrew Reynolds.

As required by statute, please take notice of the following:

T.C.A. § 29-26-121 (a). This notice is being giving at least sixty (60) days prior to filing of a complaint based upon health care liability. The claim is being asserted by Vickie Reynolds, Wife and Conservator of David Andrew Reynolds.

T.C.A. § 29-26-121 (a)(2)(A). The full name of the patient is David Andrew Reynolds. Mr. Reynolds date of birth is 7/11/1977.

T.C.A. § 29-26-121 (a)(2)(B) This notice is authorized and sent by Vickie Reynolds, Wife and Conservator of David Andrew Reynolds. Vickie Reynolds address is 5555 Hixson Pike, Apt 601 Hixson, TN 37343.

As additional information, Mr. David Reynolds is currently confined to the Safehaven, a care facility located at 9558 US-27, Rock Spring, GA 30739.

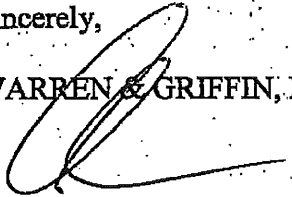
T.C.A. § 29-26-121 (a)(2)(C) The name and address of the attorneys sending this notice are C. Mark Warren of Warren & Griffin, P.C. Our address is 736 Georgia Avenue, Suite 600, Chattanooga, TN 37402.

T.C.A. § 29-26-121 (a)(2)(D) Notice is being given to one health care provider, Kindred Healthcare Services, Inc. d/b/a Kindred Hospital-Chattanooga. Kindred Hospital-Chattanooga, 709 Walnut St, Chattanooga, TN 37402 and copied to its registered agent for service of process, CT Corporation, 800 S. Gay Street, Suite 2021, Knoxville, TN 37929-9710.

T.C.A. § 29-26-121 (a)(2)(E) A HIPAA compliant medical authorization is attached for the provider being given notice.

Sincerely,

WARREN & GRIFFIN, P.C.



C. Mark Warren

/jrm

Enclosures

HIPAA Compliant Authorization for Release of Information

1. I (the undersigned) authorize the following covered entities

KINDRED HOSPITAL - CHATTANOOGA

KINDRED HEALTH SERVICES, INC. d/b/a KINDRED HOSPITAL

* ANY OTHER HEALTHCARE PROVIDERS

To release information from the record(s) of:

Reynolds
(Patient Last Name)

David
(First Name)

Andrew
(Middle)

DOB: 07/11, 1977

SSN: 412-29-1083

Covering the period(s) of treatment:

All periods

2. Information to be released:

☒ ALL RECORDS as listed below OR ☐ SELECTED RECORDS as listed below (Check all that apply)

- 1 Patient data cover sheet
- 2 Nurses' admitting notes
- 3 History and physical
- 4 Doctors' order sheets
- 5 Doctors' progress notes
- 6 Outpatient clinic records
- 7 Office notes
- 8 Visiting nurses records
- 9 Ambulance records
- 10 Nurses' medication records
- 11 Vital signs charts
- 12 Code blue Sheet/CPR Record
- 13 Nurses' notes
- 14 All incident reports
- 15 Pre-op check list
- 16 Surgical consent forms
- 17 Operative reports
- 18 Personal property list
- 19 Paramedic reports
- 20 Pathology independent pathology reports

- 21 Autopsy reports
- 22 Medical Examiner's reports
- 23 All Lab Reports (a) White count, differential, hemoglobin, SED rate (b) Bacteriology, epidemiology, anatomic, acid fast, fungal (c) Spinal fluid, blood gases, (d) Bleeding and clotting time (e) Blood reactions, testing type and cross match, (f) EMG, EEG, EKG
- 24 Echo-ultrasound, doppler testing (g) Blood volume, electrolytes (h) Fluid input and output (i) Skin allergy testing (j) Invasive/non-invasive CVP, PVP, arterial line pressure (k) Respiratory function studies/spirometry (l) Fetal monitor tracings (m) Other
- 25 Anesthesia record
- 26 X-ray reports
- 27 Consultation reports: (a) Neurology, (b) Psychiatry, (c) Internal Medicine, (d) Orthopaedic, (e) Surgical, (f) Obstetric, (g) Pediatric (h) Neurosurgical (i) Neonatologist, (j) Other
- 28 Myelogram
- 29 Risk Managers Patient Safety Report
- 30 Scans, CAT, CT, ultrasound
- 31 Arteriogram, venogram, angiogram

- 32 Recovery room records
- 33 Discharge summaries
- 34 Discharge or transfer instructions or data
- 35 Nurse OR record
- 36 Post-op instrument count record, sponge count record
- 37 Photographs
- 38 ER records
- 39 Labor and Delivery Room records
- 40 Pharmacy reports/Unit Dose Control Sheet
- 41 Physical therapy sheet notes
- 42 Respiratory therapy sheet notes
- 43 Hospital bills, insurance forms, records of payment
- 44 x-ray films, including any and all radiographic studies
- 45 Record of operative procedure
- 46 Any other records, reports, memoranda, documents correspondence etc
- 47 Other

3. Information is to be released to:

Warren & Griffin, P.C.
The Dome Building
Sixth Floor
736 Georgia Avenue
Chattanooga, TN 37402-2048

Company: _____

4. Purpose of disclosure TCA § 29-6-121 PATIENT REQUEST

5. I understand this consent may be revoked/reviewed in writing at any time. With the exception to the extent that disclosure of information has already occurred prior to the receipt of revocation by the above named provider. If written revocation is not received, authorization will be considered valid for a period of time not to exceed 365 days from the date of signing. To initiate revocation of this authorization direct all correspondence to the "Specific Requestor" above.

6. I understand that this consent is to include disclosure of: (PLEASE INITIAL):

☒ Alcohol and/or drug abuse record ☒ Psychiatric records ☒ Sexually transmitted disease information ☒ HIV/AIDS information

7. A photocopy of this authorization is to be considered as valid as the original.

8. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law.

9. The covered entity may not withhold/condition treatment, payment, enrollment or eligibility for benefits on obtaining the authorization or if patient refuses to sign this authorization.

10. Signer has the right to receive a copy of this authorization

SIGNATURE: Vickie L. Reynolds Date: 7-10-17

Patient or personal/legal representative (Next-of-kin or legal guardian to sign only if patient is a minor, legally incompetent, or deceased)

PRINT NAME: Vickie L. Reynolds Relationship to patient (if not patient): CONSERVATOR

Chancery Court for Hamilton County, Tennessee

IN RE: DAVID ANDREW REYNOLDS
S.S.# 419-29-1083

Docket No.: 17-G-027
PART 1

Letters of Conservatorship

Pursuant to T.C.A. § 34-1-129
09867 2013.06.25

To: VICKIE REYNOLDS, CONSERVATOR

Whereas, it appearing to this Court that David Andrew Reynolds (hereinafter referred to as THE WARD) has been declared to be a person with a disability and the Court being satisfied to your rights to the Conservatorship of the Person and Estate of THE WARD, and you having given bond and qualified according to law, and the Court having ordered that LETTERS OF CONSERVATORSHIP be issued to you pursuant to T.C.A. § 34-1-104; it is therefore

Ordered, the following rights of THE WARD are removed: (a) the right to make contracts including marriage, (b) the right to make health care decisions, (c) the right to hold a driver's license, and (d) the right to vote. The following rights of THE WARD are transferred to the CONSERVATOR to exercise: *to consent or not to any training, medical and mental examinations and treatment and all end of life decisions such as entry of a "do not resuscitate" order, administration of psychotropic medication and other medications, or the application of any heroic measures or medical procedures intended solely to sustain life and withdrawal of artificially provided food, water, or other nourishment or fluids *to consent to admission to or discharge from hospitalization, transfer to or discharge from any residential setting, group home, or other housing placements *to authorize or not disclosures of medical, personal and financial information *to enter into authorized, contractual relationships *to receive or collect from or disburse to any source all monies through financial accounts, pensions, court judgments, insurance, real and personal property *to open or close accounts in THE WARD's name alone or jointly held *to have access to and control of, any safety deposit box in the Ward's name, wherever located *to apply for and receive public benefits, Social Security, Veterans, Pension and Survivor benefits *to prepare and sign income tax returns *to dispose of personal property subject to judicial consent *to sue, defend, compromise or settle civil actions *to pay THE WARD's bills and protect and invest THE WARD's income and assets *to execute, on behalf of THE WARD documents to carry out the authority vested above *to do any other act of legal significance for the benefit of THE WARD. HEREIN FAIL NOT.

In witness whereof, I have issued these LETTERS on

this 28th day of March, 2017.

ROBIN L. MILLER, CLERK & MASTER

By Debra J. Rol
DEPUTY GUARDIAN CLERK

STATE OF TENNESSEE, COUNTY OF HAMILTON

I solemnly swear or affirm I will honestly and faithfully discharge the duties imposed on me by the Court as Conservator, including the timely filing of each inventory, accounting, annual report, and any other statements as required by law for the benefit of THE WARD and to spend and manage the assets of THE WARD only as approved by the Court.

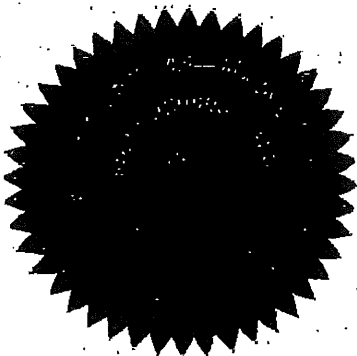
Vickie Reynolds
AFFIANT

AFFIANT

Sworn to and subscribed before me this 28th day of March, 2017.

ROBIN L. MILLER, CLERK & MASTER

By Debra J. Rol
DEPUTY GUARDIAN CLERK



>>> Certificate <<<

I, CLERK & MASTER of this court, certify: i) this is a Court of Record; ii) the above is a true, full, and correct copy of the LETTERS OF CONSERVATORSHIP issued by this Court in this matter; and iii) these letters are still in full force and effect as of this date. Witness my hand and seal this 28th day of March, 2017.

ROBIN L. MILLER, CLERK & MASTER

By Debra J. Rol
DEPUTY GUARDIAN CLERK
CHATTANOOGA, TN 37402

CERTIFIED COPY OF LETTERS MUST HAVE RAISED COURT SEAL



**Service of Process
Transmittal**

10/09/2017

CT Log Number 532064696

TO: Larissa Oliver
Kindred Healthcare, Inc.
680 S 4th St
Louisville, KY 40202-2412

RE: Process Served in Tennessee

FOR: Kindred Healthcare Services, Inc. (Domestic State: DE)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: Vickie Reynolds, as conservator and Next Friend of David Andrew Reynolds, Pltfs. vs. Kindred Healthcare Services, Inc., etc., Dft.

DOCUMENT(S) SERVED: Summons, Return, Complaint, Attachment(s), Certificate(s), Affidavit, Exhibit(s), Letter(s),

COURT/AGENCY: Hamilton County Circuit Court, TN
Case # 17C1056

NATURE OF ACTION: Personal Injury

ON WHOM PROCESS WAS SERVED: C T Corporation System, Knoxville, TN

DATE AND HOUR OF SERVICE: By Process Server on 10/09/2017 at 09:00

JURISDICTION SERVED : Tennessee

APPEARANCE OR ANSWER DUE: On or before 30 days after service of this Summons

ATTORNEY(S) / SENDER(S): C. Mark Warren
Warren & Griffin, P.C.
Dome Building
Suite 600
736 Georgia Avenue
Chattanooga, TN 37402
423-265-4878

ACTION ITEMS: CT has retained the current log, Retain Date: 10/09/2017, Expected Purge Date: 10/14/2017

Image SOP

Email Notification, Larissa Oliver larissa_oliver@kindredhealthcare.com

SIGNED:
ADDRESS: C T Corporation System
800 S. Gay Street
Suite 2021
Knoxville, TN 37929-9710
TELEPHONE: 312-345-4336

Page 1 of 1 / AR

Information displayed on this transmittal is for CT Corporation's record keeping purposes only and is provided to the recipient for quick reference. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information contained in the documents themselves. Recipient is responsible for interpreting said documents and for taking appropriate action. Signatures on certified mail receipts confirm receipt of package only, not contents.

State of Tennessee

In the Circuit Court of Hamilton County

VICKIE REYNOLDS, as conservator and next
friend of DAVID ANDREW REYNOLDS

Plaintiff

No. 17C1056 *CS*

KINDRED HEALTHCARE SERVICES, INC.
d/b/a KINDRED HOSPITAL-CHATTANOOGA

Defendant

SUMMONS

SERVE THROUGH SHERIFF OF KNOX CO.

TO: KINDRED HEALTHCARE SERVICES, INC.
d/b/a KINDRED HOSPITAL-CHATTANOOGA
c/o CT Corporation System

800 S. Gay Street, Suite 2021
Knoxville, TN 37929-9710

Defendant

Address

Defendant

Address

Defendant

Address

You are hereby summoned to answer and make defense to a bill of complaint which has been filed in the Circuit Court of Hamilton County, Tennessee in the above styled case. Your defense to this complaint must be filed in the office of the Circuit Court Clerk of Hamilton County, Tennessee on or before thirty (30) days after service of this summons upon you. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint.

WITNESSED and Issued this

19th

day of

September

, 20

17

CIRCUIT COURT OF HAMILTON COUNTY
500 COURTHOUSE
625 GEORGIA AVENUE
CHATTANOOGA, TENNESSEE 37402
423/209-6700

Larry L. Henry, Circuit Court Clerk

By Chris [Signature]

Deputy Circuit Court Clerk

Attorneys for Plaintiff C. Mark Warren

736 Georgia Avenue, Suite 600, Chattanooga, TN 37402

Address

Plaintiff's Address 5555 Hixson Pike, Apt. 601, Hixson, TN 37343

Received this

day of

OCT 09 2017

, 20

/S/

Deputy Sheriff



ADA COORDINATOR, FOR ASSISTANCE CALL (209-7500)

**State of Tennessee,
County of Hamilton**

I, Larry L. Henry, Clerk of the Circuit Court, in and for the State and County aforesaid, hereby certify that the within and foregoing is a true and correct copy of the original writ of summons issued in this case.

Larry L. Henry, Circuit Court Clerk

By _____

D.C.

OFFICERS RETURN

I certify that I served this summons together with the complaint as follows:

☐ On: OCT 09 2017, 20_____, I delivered a copy of the summons and complaint to the defendant, SAMANTHA SUTTON - Civil
Kindred Health Services

☐ Failed to serve this summons within 90 days after the issuance because: _____

Hamilton County Sheriff

N. Baird 2525
Deputy Sheriff

CLERK'S RETURN

I hereby acknowledge and accept service of the within summons and receive copy of same, this _____ day of

20

Defendant

Larry L. Henry, Circuit Court Clerk

By _____

D.C.

Notice to Defendant(s)

Tennessee law provides a ten thousand (\$10,000) personal property exemption from execution or seizure to satisfy a judgment. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for yourself and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek the counsel of a lawyer.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Samuel S. Sullivan</i> Agent <input type="checkbox"/> Address</p>	
<p>1. Article Addressed to:</p> <p>Kindred Healthcare Services, Inc. c/o its registered agent for service of process C T Corporation System 800 S. Gay St, Suite 2021 Knoxville, TN 37929-9710</p>		<p>B. Received by (Printed Name) JUL 12 2017</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7016 1370 0000 3594 8745</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	



Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mail. This form may be used for domestic and international mail.

From: Warren & Griffin, P.C.
The Dome Building
Sixth Floor
736 Georgia Avenue
Chattanooga, Tennessee 37402-2048

To: Kindred Healthcare Services, Inc.
c/o its registered agent for service of process
C T Corporation System
800 S. Gay St, Suite 2021
Knoxville, TN 37929-9710

PS Form 3817, April 2007 PSN 7530-02-000-9085



U.S. POSTAGE
PAID
CHATTANOOGA, TN
37402
JUL 10 17
AMOUNT
\$1.35
R2305M146502-7

U.S. Postal Service CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com

KNOXVILLE TN 37929
OFFICIAL USE

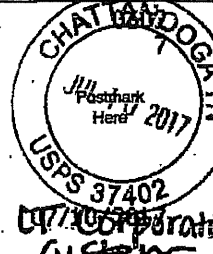
Certified Mail Fee **\$3.35**

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.75
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00

Postage **\$0.49**

Total Postage and Fees **\$6.59**



Sent To: Kindred Healthcare Services
Street and Apt. No. or PO Box No.
800 S. Gay St, Suite 2021
City, State, ZIP+4®
Knoxville, TN 37929-9710

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kindred Healthcare Services, Inc.
d/b/a Kindred Hospital-Chattanooga
709 Walnut St
Chattanooga, TN 37402



9590 9402 2260 6225 0165 90

2. Article Number (Transfer from service label)

7016 1370 0000 3594 8752

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

 Agent
☐ Address

C. Date of Delivery

JUL 14 2017

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

 CHATTANOOGA, TN 37402
 USPS-37402

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com

CHATTANOOGA, TN 37402

OFFICIAL USE

 Certified Mail Fee \$3.35
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$2.75
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.49

Total Postage and Fees \$8.59



Sent To Kindred Healthcare Services, Inc.

Street and Apt. No., or PO Box No. 709 Walnut Street

City, State, ZIP+4® Chattanooga, TN 37402

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



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 This form may be used for domestic and international mail.

From:

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The Dome Building

Sixth Floor

736 Georgia Avenue

Chattanooga, Tennessee 37402-2048

To:

Kindred Healthcare Services, Inc.

d/b/a Kindred Hospital-Chattanooga

709 Walnut St

Chattanooga, TN 37402

1000


 U.S. POSTAGE
 PAID
 CHATTANOOGA, TN
 37402
 JUL 10 2017
 AMOUNT
 \$1.35
 R2305M145502-7

PS Form 3811, April 2007 PSN 7530-02-000-9053